

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # B06000000152

1. Entity Name
CSH-ING WYNDHAM LAKES LP



Principal Place of Business
100 MILVERTON DRIVE, STE. 700
MISSISSAUGA, ONTARIO
CANADA L5R 4H1, XX

Mailing Address
100 MILVERTON DRIVE, STE. 700
MISSISSAUGA, ONTARIO
CANADA L5R 4H1, XX

DO NOT WRITE IN THIS SPACE

FILED

08 FEB 14 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082008 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-4549979	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

400118148584
02/15/08--01036--011 **500.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	M06000001772
NAME	CSH-ING LLC
STREET ADDRESS	100 MILVERTON DR #700, MISSISSAUGA
CITY-ST-ZIP	ONTARIO, CANADA L5R 4H1,

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**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jan 09/08 905-501-9219
Date Daytime Phone #

STAPLE CHECK HERE